



**NOMINATION PAPER
FOR ELECTION TO STATE BOARD OF RETIREMENT**

Must be received at the State Retirement Board's offices by 5:00 p.m. Friday, January 30, 2009

Main Office: 1 Ashburton Place, Room 1219, Boston, MA 02108

Regional Office: 436 Dwight Street, Room 109A, Springfield, MA 01103

We, the undersigned members of the State Employees' Retirement System hereby nominate:

Print Name of Nominee

Last Four Digits of Social Security Number or
Case Number (if Retired)

Residence

A member or retiree of said system, as a member of the State Board of Retirement for a term of three (3) years.

	Signature	Name	Last Four Digits of Social Security No. or Case No.
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THIS STATEMENT MUST BE SIGNED BY THE NOMINEE

"I accept this nomination for the office to which it applies and instruct the Election Officer to print my name on the official ballot"

Signature

Dated